

UTAH DEPARTMENT OF TRANSPORTATION

**APPLICATION TO OPERATE LONGER COMBINATION VEHICLES (LCV)
EXCEEDING 81 FEET COMBINED TRAILER LENGTH**

Please Type or Print the Following Information

Company Name: _____

Physical Address: _____

City/State: _____ **Zip:** _____

Mailing Address: _____

City/State: _____ **Zip:** _____

Telephone: _____ **Fax:** _____

Company Representative Name & Title: _____

Requested Routes:

Terminal to Interstate: _____

Interstate Route(s): _____

Interstate to Terminal: _____

Note: Routes are Interstates & Freeways only, and (1) one *traveled mile* off and on for food, fuel, and, to and from terminal or delivery. List all roads used.

Safety and Training Requirements:

This is to certify that the above named company has an established and aggressive safety program which, as a minimum, is in compliance with the Federal Motor Carrier Safety Regulations (FMCSR) Title 49 and has a satisfactory safety rating. The company also certifies that all drivers have been trained and are in compliance with the Utah Regulations for Legal and Permitted Vehicles and the FMCSR Title 49.

Company Representative Name (print) Signature Date

Authorization:

Acceptance of this application shall constitute an agreement to indemnify and hold harmless the Utah Department of Transportation, and its employees, from claims arising from the operating of LCV.

In accordance with the Utah Criminal and Traffic Code Title 72, Chapter 7, Part 4 this application is hereby approved.

Route & Safety Approval, Manager, Ports of Entry

Date

Please Enclose the Following Information:

1. A list of each power unit to be permitted. Include the year and make, license number, unit number and horse power rating.
2. A copy of your company's most current Federal Safety Rating.
3. A current copy of your company's Certificate of Insurance, indicating the amount of liability and property damage coverage. The minimum level of liability coverage is \$750,000 for-hire, (In interstate or foreign commerce with a gross vehicle weight rating of 10,000 or more pounds) transporting property (nonhazardous).
4. Current MCS 90 Form (insurance)

Return Application to:

Utah Department of Transportation
Ports of Entry Manger
Box 148240
Salt Lake City, UT 84114-8240
Fax: (801) 965-4211